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Care of Self: How Reiki is used by Nurses to Reduce Stress on an Acute Care Unit

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Care of Self: How Reiki is used by Nurses to Reduce Stress on an Acute Care Unit

LeAnn Olson

Submitted in partial fulfillment of the
requirement for the degree of
Master in Arts in Nursing


AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
2011


**Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form**

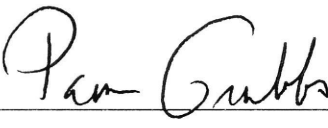
This is to certify that **LeAnn Olson** has successfully defended her Graduate Project entitled "**Care of Self: How Reiki is used by Nurses to Reduce Stress on an Acute Care Unit**" and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense **December 5, 2011.**

Committee member signatures:

Advisor:  Date Dec 5, 2011

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Abstract

As the nursing shortage escalates and patient acuity levels continue to rise, nurses can expect to experience increased stress and burnout. Indeed, studies show that job dissatisfaction among nurses today is widespread. Finding ways to reduce the stress, improve job satisfaction, and retention is important not only for nurses, nursing units, and organizations, but also for patients. This paper describes a nursing practice model that was developed to reduce stress and burnout among nurses in an acute care unit of a large urban hospital. The model uses the energy therapy of Reiki and is guided by Martha Rogers' Science of Unitary Human Beings.

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There are so many people that I need acknowledge for their support, assistance, patience, and understanding as I completed this project. My family being the most important, as without their patience, understanding, and support I would have never been able to finish. There were so many times that I had to say no to watching my grandchildren as I was working on my project and had a deadline to meet. The many times that I was not able to spend time with my husband and family as I had class, was busy doing research for my project, or just too tired as I worked fulltime and pursued by degree.

My friends and coworkers whose patience and support got me through the tough times when I was not sure what to do and were there to steer me in the right direction. My mentor, Pam whose words of encouragement gave me the confidence to believe in myself and move in the right direction, as I struggled with where this project would take me. My son's girlfriend, Jenny whose excellent writing skills assisted me making sure that all punctuation was correct, my paper was written in all the same tense, and suggestions in sentence structure that made what I had written sound so much better. And finally my professors whose guidance, advice, and belief in the project helped me to see the light at the end of the road and have encouraged me to move forward with my project.

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Care of Self: How Reiki is used by Nurses to Reduce Stress on an Acute Care Unit

Chapter One

Nursing is a caring profession that is plagued by a wide range of stressors related to the demanding health care environment today. Fast paced high tech care modalities, sicker more complex patients, and layer upon layer of compliance standards and cost containment protocols create a toxic and tense practice arena for nurses. Finding ways to reduce stress so nurses can give the best care possible is essential for patient safety and well-being. Not only are nurses burdened with intense responsibilities at work, they also lead very busy lives at home. As parents, and most often mothers, nurses assume a great deal of responsibility for their children and family members. Additionally, nurses work 24/7 and cover a variety of shifts---day, evening and night shifts. Many nurses are going to school to further their education.

Background Supporting the Project

The following descriptions of the health care environment support the need to address workplace stress among nurses. The descriptions are indicative of the rapid change that is occurring in the health care arena today. These changes greatly affect nurses as they are called on to ensure that patient care continues to be of the highest quality.

Demanding health care environment.

The health care environment in which nurses work has become increasingly demanding as insurance companies demand the length of a hospital stay be shorter and patients need to be discharged within that time frame. Federal and state regulations continue to change as advances in healthcare are made. This means more rules and laws that have to be complied with in order for hospitals to receive reimbursement. These changes start at the top but trickle down to the nurse at the bedside, whose responsibility it is to assist in discharging patients sooner. Social

networking has also played a big part in making the healthcare environment more demanding. As people turn to the internet to find a healthcare facility, institutions have become more and more competitive and have turned to advertising their health care services on the internet. This means that institutions have to be sure that what they have advertised is indeed true. Meeting these expectations often falls on the nurses as they make sure the care truly is the best.

Fast paced high tech care modalities.

As technology continues to change and improve, the way patients are cared for also continues to change. Years ago there was no such thing as robotic surgery. Today many surgeons use this technology routinely. For nurses, this means changing the way the patient is cared for. The big incisions have been replaced by small incisions that are closed and covered with either steri-strips or Band-Aids. The types of surgeries have also changed as ways to make the experience less invasive and safer for the patients. The equipment has also changed over the years and just as nurses become comfortable with some equipment, the institution decides that the equipment needs to be improved. This means that nurses learn how to operate and use the new equipment frequently. Many times an institution will have nurses' trial a piece of new equipment before implementing its use hospital wide. As such, nurses are expected to give feedback on their experience and if they recommend the new equipment. Although many times the equipment might not be what the nurses think is best, most often, it is what the organization wants; so nurses have the added stress of having to use equipment that is not always the easiest to use. Thus, the stress nurses may experience will continue to grow as the use of technology increases.

Sicker, more complex patients & decreasing staffing ratios.

The patient population in the hospital also contributes to an increase in stress, as the patients are sicker and staffing ratios are decreasing. The stress which a nurse has affects not only the nurse but everyone around that nurse. Imagine caring for patients who are not expected to recover. You can be present for the patient and family members, but as a human being, a nurse also grieves and experiences sadness when a patient passes on. Imagine also that the dying patient is only one of several patients you are responsible for during a shift, and you cannot spend the time with the family and patient that you know they deserve and that you know you should be able to provide. The feelings of helplessness, anger, and loss can be tremendous. How does a nurse begin to channel away all of the negative feelings and negative energy that builds up in situations like this?

Layer upon layer of compliance standards and cost containment protocols.

As the federal government and state compliance standards increase following evidence-based practices, nurses have to adjust their own practices to be in compliance. This means more classes to understand new standards. Rising educational expectations can be very stressful for nurses in addition to contributing to the rising cost of healthcare to ensure nursing competencies. Nurses are pulled in many directions at once. Organizations have to be in compliance with the standards in order to receive reimbursement from insurance companies, Medicare and Medicaid. The organizations rely on nurses to comply with the regulations so when it is time for accreditation, the hospital meets the standards that are set forth by the Joint Commission for the accreditation of the health care organization. Today many times the reimbursement that an organization receives depends on patient satisfaction scores. This puts a lot of pressure on nurses

to make sure that the patients' care is the best and that patients and families are very satisfied with the care they receive.

With all these stressors it is no wonder that nurses can feel anxious and frazzled at work. Nurses may show stress in multiple ways, such as being rude to co-workers, ignoring call lights, not helping other staff, or running around and not being able to get his/her work done. When a nurse is experiencing stress it affects interactions with co-workers, patients, and families which eventually may cause the breakdown of team work, patients not getting timely care, and a lack of communication among nurses. Working with a nurse who is carrying a lot of stress can be very difficult. Nurses can benefit from assistance in relieving the stress caused from a busy professional environment.

There are two types of stress that affect nurses. One is 'personal job stress' defined as "juggling multiple care expectations of various professionals as well as clients" and the other is 'situational job stress' defined as "conflicting values between professional and bureaucratic demands" (Davey, Cummings, Newburn-Cook, & Lo, 2009, pg. 320). These work-related types of stress greatly impact turnover and absenteeism among nurses employed in hospitals (Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2009). Stress can also impact how well nurses do their job. The literature suggests that roughly \$250 to \$300 billion is spent annually on stress and burnout for nurses (Cuneo et al., 2010). This dollar amount includes such things as reductions of operating effectiveness, poor decision making, medical expenses, and attrition resulting from stress (Milliken, Clements, & Tillman, 2007). Stress and burnout can also lead to health problems such as heart disease, migraines, hypertension, irritable bowel syndrome, muscle, back, and joint pain, ulcers, and mental health issues like anxiety, depression, insomnia, and feelings of inadequacy (Milliken, Clements, & Tillman, 2007). Many nurses experience

migraines from the stress of the job and back pain from caring for patients. These health problems may cause absenteeism, poor work performance, and could eventually lead to burnout. The burnout rate is over 40% for hospital staff nurses with younger nurses being affected more often than the older nurses (Tounsel III & Reising, 2005, p. 89). A few of the characteristics of burnout are chronic fatigue, sleeplessness, depression, and an increased degree of risk taking (Edward & Hercelinskyj, 2007). Nurses often tell of how tired they always feel and many say how they are not able to sleep the night following a stressful day at work. Often adding to this lack of sleep is having little children at home to take care of. Stress has been linked to this high level of burnout. Nurses who confront this stress day after day are more likely to smoke, eat poorly, abuse alcohol and drugs which in turn affects their health, their personal well-being, and the quality and value of patient care (Milliken, Clements, & Tillman, 2007).

A nurse fills many roles across care settings, all of which may be stressful. The role of a nurse has many stresses within the work environment that may affect him/her such as comforting the dying; covering for colleagues on other units of the organization, compensating for staff shortages, and working overtime (Chang, Hancock, Johnson, Daly, & Jackson, 2005). Indeed, nurses often comment on how busy they are and how it affects their ability to think, sleep, and focus on their patients. Nurses say that they feel stressed from work, especially when their schedules are such that they switch back and forth from days to evening shifts and some even switch from days to night shifts. In addition, stress mounts with the additional responsibilities many carry with caring for their families after working a shift, and trying to juggle school commitments.

Purpose of Project

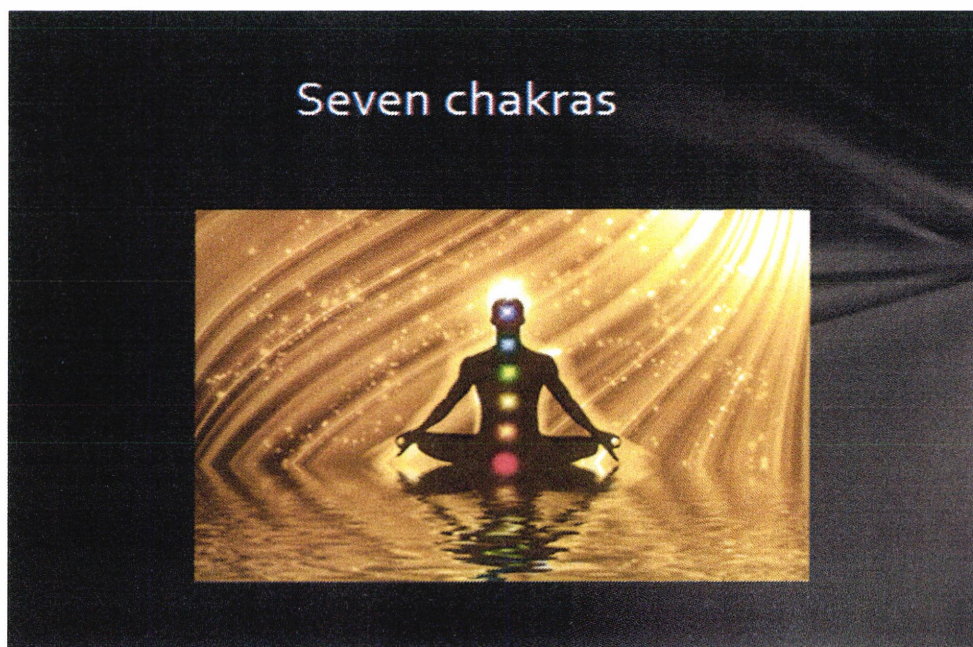
The purpose of this project is to develop a nursing practice model for stress reduction for nurses in an acute care hospital unit utilizing the energy therapy of Reiki. This practice model is guided by Martha Rogers (1970) and Rogers' Science of Unitary Human Beings.

Reiki.

Reiki is an ancient form of energy work that dates back hundreds of years. Reiki is a combination of the Japanese words *Rei* (meaning spirit, air, essence of creation) and *ki* (meaning power, energy, qi, or the vital life force that flows through all living beings) (Shore, 2004). Reiki is a healing modality that uses the energy of the person, the healer, and the universe to promote wellness. It brings balance and harmony to the physical, mental, and spiritual being of a person.

Reiki uses a person's chakras to channel energy. Chakras are points located along a person's body where the energy flows in and out. A person has seven chakras (see figure 1.1).

Figure 1.1 Chakra locations



According to Barrett (2011) each of the chakras has a location on a part of the body, has a character, and a true color. Figure 1 depicts chakra locations. The first chakra is located at the base of the spine, is represented by the color red, and relates to physical vitality and survival. The second chakra is at the sacral area represented by the color orange and relates to desire, including sexual energy. The third chakra is the solar plexus represented by the color yellow and relates to the creation of self, perception and projection of self. The fourth chakra is the heart and represented by the color green and relates to universal love, compassion, and empathy. The fifth chakra is the throat, represented by the color blue and relates to communication and creative expression. The sixth chakra is the forehead or 3rd eye, represented by the color indigo and relates to visualization and psychic sight. The seventh chakra is the crown of the head, represented by the color violet and relates to totality of beingness and spiritual perfection. These are the major chakras and during a Reiki session, a Reiki practitioner will channel energy through numerous minor chakras as well. Chakras are energy patterns that are used to balance the flow of energy in, out, and around a person to bring harmony and peace. When a person receives a Reiki treatment, the energy patterns open up and the person may experience a feeling of floating. The individual may also see the colors of the different chakras as the chakras are opened and allowed to flow freely.

Significance for Nursing

The benefits of this project will be wide spread and twofold: educating nurses on the use of Reiki to relieve stress and giving nurses the opportunity to use and share what they have learned with co-workers, other staff, patients, and families. By learning and using Reiki, nurses may reduce their stress, improve sleep, improve their ability to be patient focused, and increase their problem solving ability. The impact on the unit would be significant, with improvements in

communication, teamwork, relationships, and collaboration among others. There is hope that another benefit from Reiki will be less absenteeism and greater nurse retention. The overall unit costs may also decrease as the rate or frequency of nurse absenteeism's decreases. Job satisfaction may also increase as the stress level in nurses goes down.

When nurses are less stressed the patient will benefit as the nurse will be more centered and focused on the patients. The time spent with each patient may increase and the patient care may improve as the nurse's problem solving abilities increase. It is likely there will be improved relationships with the patients and their families as the nurse spends more time with them.

When nurses reduce their stress level it affects the environment on the unit, the patients, and society. As society's mean age continues to go up it is important to have nurses who can care for an aging population. The looming nursing shortage also makes it is imperative to retain the nurses who are already working in the healthcare environment. It is important to have nurses who are focused, team players, and fully present for their patients.

Descriptions of Nursing Theory

Martha Rogers (1970) Science of Unitary Human Beings guides the project in the way energy fields are important to Rogers' theory and in the practice of Reiki. Rogers identified four postulates of her theory: energy fields, openness, patterns, and pan dimensionality (Parker, 2006). Energy fields are defined by Rogers' as "the fundamental unit of both the living and nonliving" with the each varying in intensity, density, and extent (Nursing Theories, 2011). These energy fields are all included in the whole and cannot be defined by their parts. Openness describes how there are no boundaries between a human being and the environment. There is continuous movement of energy back and forth from one to the other. Every human being and environment has a unique pattern. Patterns are continuously evolving and changing as events

happen. Pan dimensionality can be defined as the paranormal, which is a nonlinear domain without spatial or temporal characteristics according Rogers (1970). Rogers theory states that “man is a unified whole possessing his own integrity and manifesting characteristics that are more than and different from the sum of his parts” (p. 47). Rogers further asserts that everything is made of energy fields and when the patterns of those energy fields are not understood, one experiences turmoil. According to Rogers (1970) “Man and environment are continuously exchanging matter and energy with one another” (p. 54). The energy fields of the environment and human beings are both unitary and integral with each other (Phillips, 2010). This means that a human being is infinite with the universe (Phillips, 2010). The exchange of energy from human being to environment is possible because the energy fields of both are always open.

Another major concept in Rogers’ theory is homeodynamics. Rogers (1970) describes homeodynamics as the changing nature of life and the world. She states, “The life process evolves irreversibly and unidirectionally along the space-time continuum” (p. 59). The three principles of homeodynamics are resonancy, helicy, and integrality. Resonancy is the way the change occurs. It is a rhythm that is continually changing in the human environment connection. Helicy is the nature of change which is unpredictable and continuous. Integrality is the context of change that is evident by the continuous repatterning of the environmental and human energy fields.

Rogerian scholars continue to expand Rogers’ theory. Rogerian scholar Elizabeth Barrett (Malinski, 2011) understanding power as ‘knowing participation in change’ explains how the nurses may be part of the change. Barrett defines four dimensions of power and states that “Power is being aware of what one is choosing to do, feeling free to do it and doing it intentionally” (Barrett, 2009a, as cited in Malinski, 2011, p. 449). She also states “Power is

openness to possibilities using the energy of the will to change through the principle of reversing” (p. 449), and identifies the following acronym for POWER: P = possibilities, O = openness, W = will, E = energy, and R = reversing.

Reiki is a therapy that focuses on a person’s energy fields and opening the chakras or energy fields to assist the energy in flowing freely between and among persons and their environment. A human being’s energy field becomes known by the pattern of that energy. Rogers (1970) states “Pattern and organization identify man and reflect his innovative wholeness” (p. 65). These patterns can only be changed through a mutual process between the human and environmental energy fields. Reiki is a way the change occurs, relieved stress may be the helicy, and the interactions that occur after a Reiki session would be the integrality. By practicing Reiki a nurse would be using a mutual process that allows their energy pattern and that of the environment to change. The outcome of that process may lead to the reduction of stress as it is a continuous process that is unpredictable and as those interactions continue they would become an integral part of the nurse’s patterns. According to Rogers “Man is characterized by the capacity for abstraction and imagery, language and thought, sensation and emotion” (p. 73). As human beings everyone develops their own concepts and ideas, has their own dreams and aspirations, their own way of thinking and expressing themselves, and their own of feelings about situations and emotions.

Martha Rogers’ Theory the Science of Unitary Human Being guides the project in the way energy is used to reduce stress. Reiki is the resonancy as the rhythm between the environment and human beings energy field changes. These changes will be unpredictable, continuous, and nonlinear as the rhythms will never be the same with each Reiki session. As a person continues to receive and use Reiki the repatterning will become an integral part of their

life. Rogers' theory asserts everything is energy: the environment, human beings, and all living things. There are no barriers between the energy but the energy can become stuck. When that energy is out of sync, it is not flowing freely. When the energy is blocked nurses feel stress and are not always able to perform at their best when caring for patients as they are not fully present for the patient. By unblocking the stuck energy nurses are better able to center and focus on their patients, reduce their stress and become more attuned to providing care, working collaboratively, and caring for themselves.

Reiki fits into Roger's (1970) Theory of Science of Unitary Human Being and the energy and energy patterns that Roger's has identified. Every living and non-living thing has their own energy pattern. These energy patterns are influenced by others and the environment. Everyone is capable of changing their energy pattern. The energy pattern of an individual is changed as he/she practices and uses Reiki. As these patterns are continually changing a repatterning occurs and the changes that an individual has made will become a part of his/her life. Reiki works with those energy patterns to release stuck energy and allow energy to flow freely. When those energy patterns are open there are no barriers to stop or divert the energy resulting in harmony and peace in the individual. The assumptions are that Reiki can change energy patterns in the environment and human person, can help the personal energy field to flow freely, and move the energy in a positive way.

Summary

Nurses are caregivers for others. Also, nursing can be a stressful job. Nurses do not always have the time or make the time to relieve the stress they experience in the complex life environment of multiple pressures and expectations at work and at home. By educating nurses on Reiki and encouraging its use this energy therapy may relieve or lessen the stress for nurses

practicing on an acute care unit in a hospital. Ultimately reduced stress in the work environment is believed to improve communication, improve teamwork, and help nurses to be more centered and focused on caring for their patients.

Martha Roger's Science of Unitary Human Being focuses on the energy patterns that all living things have and connects with the beliefs embedded in the practice of Reiki. Reiki uses the energy of the person, the practitioner, and the environment to balance and bring harmony to a situation and persons. Working with energy and promoting the energy to flow freely, helps relieve stress and brings the nurse's energy back into balance and harmony.

Chapter Two

Literature Review

The literature review for this project addresses multiple dimensions of the project including: stressors for nurses, resulting impact on care; retention of nursing staff; burnout in nursing; and the use of Reiki to reduce stress. The benefits of Reiki are addressed by what nurses who have used Reiki for stress relief have learned, and how energy work affects stress.

Stressors for Nurses and Impact on Patient Care

According to Edward & Hercelinskyj (2007) the impact of work burnout in nursing has the potential to encompass the nurse's entire life. Caring is a part of the nursing profession and as such has been linked to high stress and burnout. While empowering nurses to deal with stress, it is important that nurses use their strengths to find resilient characteristics that they can use in their professional practice. Edward & Hercelinskyj contribute insights for an evolving practice model as it identifies and explains some of the causes of stress for nurses. These insights illustrate how nurses who have similar causes of stress have been able to find their strengths and work on reducing stress.

The article, Role stress in nurses: Review of related factors and strategies for moving forward (Chang, Hancock, Johnson, Daly, & Jackson, 2005) addresses the complex relationships among role stress and nursing shortages, age, new graduates, modes of organizing work, and violence. Many strategies are discussed to reduce role stress such as stress education and management strategies, team-building, social support, flexibility in work hours, more autonomy, and ways to attract nurses to the workforce. This article explores the factors that cause stress in nurses. The strategies used will assist in developing the education necessary to engage nurses in the use of Reiki to reduce stress.

Davey, Cummings, Newburn-Cook, & Lo, (2009) examines causes for nurse absenteeism. The main characteristics that predict absenteeism are found to be prior attendance, work attitudes, retention factors, burnout/stress, manager characteristics, human resource management practice, nurse characteristics, and work & job characteristics. Each of these factors has many sub-factors that are either positive or negative when it comes to absenteeism. This article addresses factors that cause absenteeism, one of which is work related stress.

Tourangeau, Cummings, Cranley, Ferron, & Harvey, (2009) report that job satisfaction, organizational commitment, manager ability and support, work group relationships and cohesion, stress and burnout, and nurse characteristics are the determinants of a nurse's intention to remain employed. The study found different factors that will determine a nurse's intention to remain employed at their current position. They include relationships with co-workers, conditions of the work environment, relationship with and support from one's manager, work rewards, organizational support and practices, physical and psychological responses to work, patient relationships and job content, and external factors, such as, recruitment from other organizations and pay incentives. Although some of the factors differ, the biggest surprise was that job satisfaction was not one of the factors in this new study. To ensure nurse retention in hospitals the factors that are found in this study need to be addressed and changes made to retain nurses. This article reveals that stress plays an important role in the retention of nurses.

The use of Reiki to reduce stress

In the article Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress, Shore (2004) explores the use of hands on or distance Reiki and how it affected depression and stress in adults. It was found that there were differences between the treatment and control group but it did not matter if the treatment was hands on or

distance Reiki. There was a significant decrease in stress and depression in the group who received either hands on or distant Reiki and the stress and depression continued to decrease over time even when the participants were no longer receiving treatment. Roger's Theory Science of Unitary Human Beings connects as the energy fields and patterns Rogers discusses are changed during Reiki.

Vitale, (2009) is a qualitative study that asked nurses who practice Reiki for self-care to describe their lived experiences. The nurses identified the themes of infinite connection and divine guidance, journeying to the centered self, having a calming oasis for the workday, relationship between relaxation and clarity, developing awareness for self-healing transformation, personal space of oneness, providing self-Reiki care, relationship between reverence, caring, and nursing, and exhaustive description (Vitale, 2009, p. 134-136). This article illustrates the use of Reiki for self-care to relieve stress for nurses.

Cuneo, Cooper, Drew, Naoum-Heffernan, Sherman, Walz, & Weinberg, (2010) demonstrated that work-related stress is a significant factor in burnout and retention. Educating nurses about Reiki as a stress reliever and then teaching them how to use Reiki to relieve stress are addressed in this study. Nurses who enrolled in Reiki I classes were asked to participate in this study before beginning the class. Following completion of the class nurses were asked to practice self-Reiki for 21 days, keep a Reiki journal during that time, and at the end of the 21 days received a letter, the perceived stress scale, and three questions to answer. It was found that the nurses who used Reiki reported a decrease in stress and the more often they practiced self-Reiki, the more their stress was reduced. The article supports this project by describing how Reiki affects work-related stress.

Brathovde (2006) is another study which reviews the use of Reiki for self-care. The nurses who learned Reiki I and practiced it named the following themes: spirituality theme, increased self-care and caring behaviors, healing presence, and increased personal awareness. It is noted that once a nurse learns and practices Reiki that they can do it at any time and benefit from it. The knowledge the nurses gained from learning Reiki resulted in the growth of self-care and the pursuit of exploring more holistic education.

Raingruber & Robinson, (2007) addresses self-care and the use of complimentary alternative therapy. The themes noted with all therapies were: noticing sensations of warmth, pulsation, and calm; becoming aware of an enhanced problem solving ability, and noticing an increased ability to focus on patient needs. Incorporating this type of self-care practice would be valuable as the benefits would far exceed the costs. Organizations need to look at ways to improve retention and by offering self-care classes that enhance wellness and reduce stress; organizations may find that there is improved nurse retention.

Wardell & Engebretson (2001) studied what effects Reiki touch has on certain physiological and biochemical indicators. These indicators were related to stress-reduction with the use of Reiki. It is found that with the use of Reiki touch a state of relaxation is achieved thus reducing stress.

Moore, Ting, & Rossiter-Thornton (2008) examined the experiences of participants in a therapeutic touch practice group. Four themes emerged from this study: learning with others through sharing and hands-on experience is valued; connecting with a network of supportive relationships that sustain self and Therapeutic practice; comfort-discomfort arising with self, others, or ideas; and meaningful changes emerge while experiencing group energy and Therapeutic Touch (Moore, Ting, & Rossiter-Thornton, 2008, p. 163-164). The insights learned

from this study illustrate how learning in groups will be of value when developing the teaching methods for the practice model.

Nurses learning styles and Rogers' theory

Frankel (2009) identified that nurses learn in three ways: visual, kinaesthetic, and auditory. This study found that most nurses prefer visual learning, then kinaesthetic learning with auditory learning the least preferred. This study will assist in developing the practice model identifying visual aids as the preferred learning style of nurses.

Dunn (2009) and Blumenschein (2009) apply Roger's theory to current day nursing practice. Dunn (2009) explores how using the concept of compassion energy between the nurse and the patient results in a positive mutual change. Blumenschein (2009) addresses using touch therapy to make a difference in a patient's life. When a nurse has discovered the benefits of energy therapy with the use of Reiki he/she is able to make this type of connection with patients.

Summary

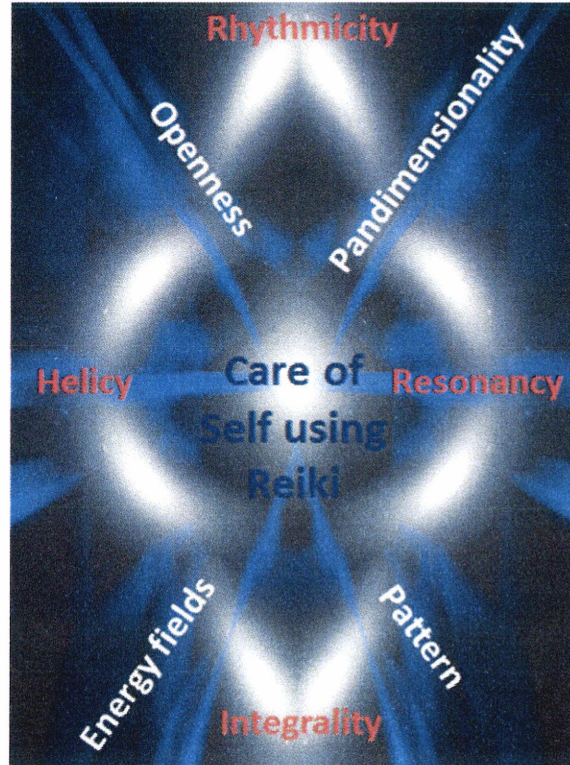
Nursing literature review on stress/burnout has been addressed in many studies and reveals that stress/burnout has an impact on nurse satisfaction, nurse retention, absenteeism, and patient care. There is evidence in the nursing literature that using Reiki for self-care has reduced stress, improved nurse satisfaction, retention, and patient care. This literature review supports the development of a nursing practice model which seeks to reduce stress in nurses through the learned application of a self-care Reiki practice.

Chapter Three

Practice Model Development

This chapter describes a model for reducing stress among staff nurses on an acute care unit of a large urban hospital. The *Care of Self* model is a way to teach nurses the practice of Reiki for stress reduction and enhanced practice. The concepts of *energy fields*, *pattern*, *openness*, *pandimensionality*, *resonancy*, *helicy*, *integrality*, and *rhythmicity* (see figure 3.1) from Martha Rogers' (1970) *Science of Unitary Human Beings* is the foundation for the model. The model is a conceptual description of how nurses will participate in the practice model, how nurses will be engaged in the use of Reiki, and how nurses will use what they learn to educate other nurses on the use of Reiki to reduce stress. It provides a descriptive framework for how the concepts are interrelated.

Figure 3.1 Care of Self Model



Major Concepts

In the Care of Self model in figure 3.1 Reiki is symbolized by the shimmering blue background of energy with Rogers' (1970) concepts of openness, pandimensionality, helicity, resonancy, integrality, and rhythmicity are arranged around and within the energy field depicting how the concepts support Reiki in bringing about change in environment-person energy patterns.

It is difficult to be a healing presence with others if one's own vessel is empty (Dossey, Keegan, & Guzzetta, 2005). The care of self practice model uses an energy background that represents the energy therapy of Reiki. Warber, Cornelio, Straughn, & Kile (2004) state "The universe is a construct of energies... our bodies our constructs of energies..." (p. 1109). With the use of Roger's (1970) concepts, applying these concepts to learning, and using Reiki change is facilitated. When Roger's concepts are applied to the use of Reiki for care of self the nurse may experience reduced stress, greater job satisfaction, better connection to patients, communication with others, and patient outcomes. Energy flows between all things and with this exchange of energy change occurs. As Reiki is continued to be practiced the energy will flow more freely and the changes will become constant. Care of self will be impacted by all the concepts as they are applied using Reiki. The concepts will affect the change until it becomes undeviating. For example the concept of openness is used as the energy between the nurse and Reiki practitioner moves back and forth, with each reaping the benefits of the others energy.

Assumptions of Project

A major assumption of the care of self model is that everyone has different patterns in the way their energy moves. Everyone has these energy patterns and they are unique just like everyone has their own unique set of fingerprints (Warber, Cornelio, Straughn, & Kile, 2004). These energy patterns are able to be changed if a new energy pattern is repeated over and over

again. The energy pattern of the nurse will change as he/she receives and uses Reiki daily. The nurses' energy fields will repattern themselves until the new energy pattern becomes habit. Some of the changes occur as pandimensionality in that, the nurses will not understand how.

Pandimensionality is where one may not know the immediate outcome, but by acting with intention and awareness, one can bring about a major transformation (Butcher, 2002). Reiki is the resonancy or the way the change will occur. The perception of relieved stress is the helicy part of the process. Integrality is the continuation of the Reiki session as the change that occurs develops into a rhythmicity that the nurse uses whenever he/she feels any type of stress.

Another assumption of the model is that everything is made of energy and that Reiki uses energy to bring about change. There are no boundaries between the energy of living and non-living things. The openness allows the energy to flow between things freely, often with pandimensionality. That is, energy flow is non-linear and has no temporal ordering (Nursing Theories, 2011). The exchange of energy influences the patterns that occur between the energy fields and also the changes that ensue when a person uses Reiki. When a nurse practices Reiki for care of self it can be assumed that patient care, communication, teamwork, and patient outcomes are enhanced. The environment is also enhanced as care of self is practiced. Roger's concepts of energy fields, openness, pattern, pandimensionality, rhythmicity, resonancy, helicy, and integrality will become a part of practice through the use of Reiki.

Theoretical Guidance

Rogers's (1970) Science of Unitary Human Beings was used in developing the practice model and as theoretical guidance for the project. Rogers's theory shows that everything is energy. There are no boundaries between the energy of living and non-living things. The energy intertwines and as it does there is a cause for that energy which effect relationships (Todaro-

Franceschi, 2008). An example of this would be when a person walks into a room where there is dissension. The energy from that dissension causes a feeling of uneasiness. This is cause and effect from the energy present in the room. A person's energy is just like electricity, where if someone puts their hand on you and your energy is lower there will be an exchange of energy until the energy is more even (Warber, Cornelio, Straughn, & Kile, 2004). Using the energy of Reiki will begin the series of changes that occur in the care of self model.

The purpose of the care of self practice model is to show nurses the benefits of learning and using Reiki to reduce stress. It shows how using the concepts of Rogers's (1970) will work to effect the change necessary to reduce stress, improve patient care, communication, teamwork, and patient outcomes. Another benefit is that nurses become aware of and understand the concept of energy fields and the patterns that can emerge as the energy fields' change. It is an understanding of the relationships between self and others. The Rogerian scholar, Barrett (2009a, as cited in Malinski, 2011, p. 449) describes this as the power of knowing. Being a willing participant in the change by looking at the possibilities with openness, a will or desire to change by reversing the bad or negative energy and using Reiki to repattern the energy into positive or good energy. Reiki is resonancy as it fosters the rhythm between the environment and human beings' energy field bringing about changes. These changes will be unpredictable, continuous, and nonlinear as the rhythms will never be the same with each Reiki session. As a person continues to receive and use Reiki the repatterning will become an integral part of their life. Rogers' (1970) asserts everything is energy: the environment, human beings, and all living things. There are no barriers between the energy but the energy can become stuck. When that energy is out of sync, it is not flowing freely. When the energy is blocked nurses feel stress and are not always able to perform at their best when caring for patients as they are not fully present

for the patient. By unblocking the stuck energy, nurses are better able to center and focus on their patients, reduce their stress and become more attuned to providing care, working collaboratively, and caring for themselves.

Care of self is the most important part of the model as it is the basis for developing the practice model. Nurses are care givers who too often do not have or take the time for care of self. Reiki is an energy therapy that assists opening those energy fields or chakras. A person's energy fields can become stuck and by participating in Reiki those energy fields can be opened and allowed to flow. An openness can develop between the person and the environment during Reiki. The openness is always there but can become blocked causing stress. Patterns are unique for everyone. Sometimes the patterns become stuck but with the use of Reiki a person's patterns can be changed; this change happens with openness as the energy fields assist a person in changing their patterns. This change cannot always be explained as pandimensionality is a part of this process. Patterns change and there is not always an explanation as to why or how this transpired. The energy fields and patterns have a rhythmicity that allows the transition to be smooth and one that often is not noticed until it has become a permanent part of a person's patterns. Resonancy is the rhythmicity that is continually changing between the energy fields. As a nurse uses Reiki the resonancy will change with each session. The helicy would be the change that would be seen as stress relief and job satisfaction. The integrality is the interactions that a nurse could experience as improved communication with others, teamwork, and connection with patients.

Implementation of practice model

The care of self practice model will be developed and used for nurses on acute care

hospital units. Nurses today are pulled in many directions as they try to juggle work, home, family, and often school. As medicine advances and the patients that are hospitalized become more complex, the greater the chance of the nurses feeling stressed, causing burnout.

Introducing nurses to a practice that may help relieve that stress will ensure that those who practice nursing will continue to do so.

All of Roger's concepts are important in helping the nurse understand and implement the changes that occur with Reiki. Understanding that everything is energy and the energy has no boundaries as it flows openly between all things will promote the use of Reiki and aid the nurses in making the changes permanent. The concepts also bring greater understanding of the patterns that everyone has. These patterns are learned but they can be changed. When one follows a change every day it will become an integral part of their life and nurses can use the changes they have made for self-care into positive changes in their care of others.

This will be voluntary for any nurse who wants to find something to help reduce stress. Nursing leadership will need to approve the project by allowing the nurses' time to participate in the Reiki classes and an area for the nurses to practice care of self with the use of Reiki during a busy shift. Implementation of this practice model will start with the nurses on an acute care hospital unit taking a pre-education questionnaire about their perception of their own stress levels. Following that information Reiki will be offered to the nurses on an acute care hospital unit who want to implement Reiki for care of self. Those who participate will take the Reiki Level One class to learn Reiki for self-care. Following the class, they will be asked to practice using Reiki as self-care to reduce stress on a regular basis. They will be encouraged to practice Reiki as self-care when they feel stressed. After one month of practicing Reiki for self-care a

post-education survey will be given to see if the nurses' perception of their own stress levels has decreased with the use of Reiki.

Summary

Care of self is so important in nursing. Using Rogers' concepts, nurses will learn how to use reiki to reduce their stress levels. The nurses who participate in the project will learn level I Reiki and use it when they feel stressed. The nurses will be able to identify when their energy patterns are in need of repatterning or stressed and will be able to see the results of the repatterning following the use of Reiki. The outcome will be that the more the nurses use Reiki to reduce their stress, the more it will become an integral part of their lives. As nurses use Reiki for care of self the benefits will be seen in better communication, teamwork, and cohesiveness on the acute care unit.

Chapter Four

Evaluation

The outcomes of the proposed project model will be evaluated using pre-Reiki education and post-Reiki education Sheldon Cohen's perceived stress scale (<http://www.mindgarden.com>) (see Appendix A). The nurses' perceived stress levels will be recorded and analyzed. The results have the potential to change over time as the nurses' lives change. The assumption is that as nurses use Reiki the stress levels will decline and one will see more teamwork and communication on the unit between the staff and with patients. The nurse will focus on the patient as his/her stress levels decline leaving him/her more open and with an increased ability to be present for the patient.

Evaluation

The care of self practice model project will be evaluated using the pre and post education perceived stress scale (Cohen & Williamson, 1983). This will be a quantitative measurement. The question to be answered will be if using Reiki has reduced the perception of stress in the nurses' lives. Small groups of nurses who participate will meet to discuss their views on using Reiki to reduce stress and how easy they found it to practice. How well Reiki worked at reducing stress, improving communication and teamwork, and if it has impacted patient care will also be explored. Another question to be answered in group will be how often the nurses used Reiki for care of self and if they will continue to use it when they feel stressed. All this is in addition to using the pre & post questionnaire will be used to evaluate how well using Reiki for care of self is working to reduce stress for the nurses. These questions are important to the project as they will show if any changes to the process are needed.

Reflection

The outcomes of the care of self practice model will vary according to how open the nurse was to using Reiki to reduce stress. Another variable that could affect the outcomes is where the nurses are in life when answering the questions on the perceived stress scale. When life is going along smoothly the perception of stress will be less. Time spent practicing Reiki has the potential to alter the results of perceived stress for the nurses. The practice needs to be one of consistency in order for the change to become an integral part of the nurses' practice.

Summary

The outcomes of the care of self practice model will depend on the nurses' perceived stress, how often they used Reiki to reduce stress, and their actions. The evaluation will be a quantitative one as the nurses' perceived stress scale will be used. As nurses' lives change so will the results. By using Reiki more during these times the nurse will experience a greater calm and less stress. As nursing leadership sees these changes the practice will become the standard on acute care hospital units.

Chapter Five

Discussion

The practice model will have an impact on nursing practice, the nursing leadership, and the institution as nurses use Reiki for care of self. There will be greater nurse retention, decreased absenteeism, and nurses who are less stressed caring for patients on acute care hospital units. Improved self-care will be seen as nurses use Reiki to reduce stress. It will also improve communication among the care team as they work together to provide the best patient care. The teamwork that makes a unit flow smoothly will be the standard. As nurses practice care of self, leadership will see the nurses more focused on patient care as the flow of energy is positive and open.

Project Expansion

Once the practice model has been implemented on acute care hospitals units with leadership support it will be introduced to the outpatient units. Nurses in the outpatient setting have some of the same stressors of the inpatient nurse. Bringing the practice model to them may give the nurses in outpatient settings a way to practice care of self and reduce stress. Leadership support is important in getting the practice model incorporated as standard practice as a way for nurses to reduce stress in the organization.

Theory Development

The model was developed with guidance from M. Roger's Theory and will affirm Rogers' theory as it will show how Reiki uses energy to bring about change in a nurse's practice of self-care. Nurses are able to repattern their energy fields to bring about a permanent change that decreases their stress, improves communication, teamwork, and patient care. Everything a nurse does is affected by not only his/her energy but also the energy fields of the environment.

Future research on how the practice of care of self using Reiki has impacted retention and job satisfaction for nurses on an acute care hospital unit could give the institution the incentive to promote the practice to all areas.

Insights from a Personal Perspective

This project was of great interest to me as I have completed both level I Reiki (see Appendix B) and level II Reiki (see Appendix C). Following the completion of level I, I started using Reiki for care of self. The benefits that I saw are better sleep, reduced stress, improved patient focus, and the ability to relax, even in times of tension. The role of charge nurse on an acute care unit can be very stressful and when I was the charge nurse I found myself feeling stressed and not able to let incidents that happened during the day go. Reiki has helped me to channel my energy inward and to focus on calming myself during those times of conflict. The care of self practice model will benefit those who are interested in using something to aid in the reduction of stress. Those who participate will need to go into the model with an open mind. Insights gathered from listening to nurses talk about Reiki was varied. Many nurses expressed an openness to trying Reiki and other nurses felt it was not for them. Making the practice model care of self voluntary will give those who do not use it a chance to see how it works for other nurses and may be what they need to introduce Reiki into their lives.

Summary

Introducing the practice model care of self to nurses' on an acute care hospital unit has the potential to affect the whole organization. Eventually the organization could initiate the practice model care of self using Reiki for all employees. Reiki would change the energy flow into a more open, positive flow as individuals used Reiki to reduce stress which will lead to enhanced communication, improved teamwork, and greater patient care and safety.

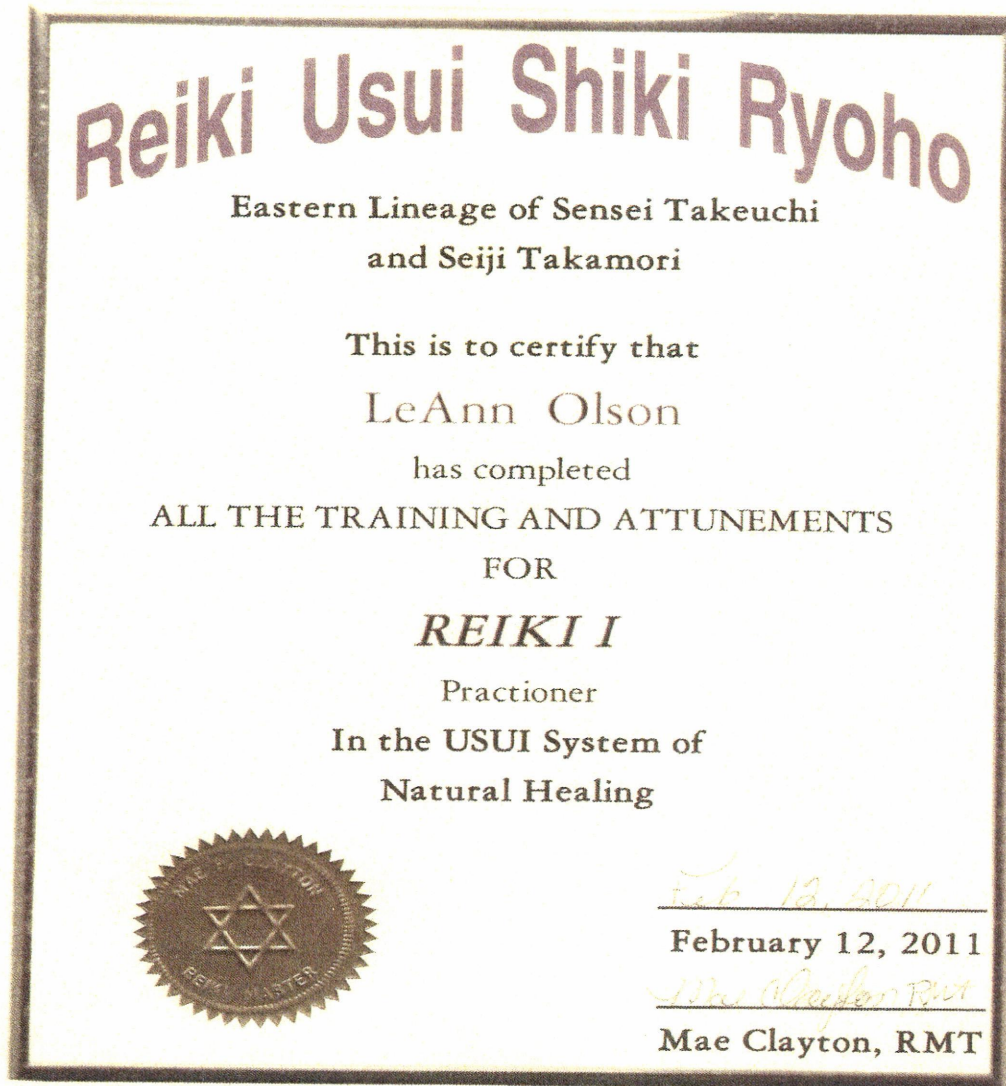
References

- Barrett, S. (2011). The Chakra system. Retrieved May 7, 2011, from <http://chioshealing.com/HealingLevel1/ChakraSystem/chkrasystem.htm>
- Blumenschein, L. (2009). Analysis and application of Rogers' science of unitary human beings. *The Journal of Rogerian Nursing Science*, 16(1), 55-61.
- Brathovde, A. (2006). A pilot study: Reiki for self-care of nurses and healthcare providers. *Holistic Nurse Practice*, 20(2), 95-101.
- Butcher, H. (2002). Living in the heart of helicy: an inquiry into the meaning of compassion and unpredictability within Rogers' nursing science. *Visions*, 10(1), 6-22.
- Chang, E., Hancock, K., Johnson, A., Daly, J., & Jackson, D. (2005). Role stress in nurses: Review of related factors and strategies for moving forward. *Nursing and Health Sciences*, 7, 57-65.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.
- Cohen, S., & Williamson, G. (1994). Perceived Stress Scale. Retrieved October 30, 2011, from <http://mindgarden.com>
- Cuneo, C., Cooper, M., Drew, C., Naoum-Heffernan, C., Sherman, T., Walz, K., & Weinberg, J. (2010). The effects of Reiki on work-related stress of the registered nurse. *Journal of Holistic Nursing*, doi: 10.1177/0898010110377294
- Davey, M., Cummings, G., Newburn-Cook, C., & Lo, E. (2009). Predictors of nurse absenteeism in hospitals: A systematic review. *Journal of Nursing Management*, 17, 312-330.
- Dossey, B., Keegan, L., & Guzzetta, C. (2005). *Holistic nursing: a handbook for practice*. Sudbury, MA: Jones and Bartlett.

- Dunn, D. (2009). A way of knowing, being, valuing and living with compassion energy: A unitary science and nursing as caring perspective. *The Journal of Rogerian Nursing Science*, 16(1), 40-47.
- Edward, K., & Hercelinskyj, G. (2007). Burnout in the caring nurse: Learning resilient behaviours. *British Journal of Nursing*, 16(4), 240-242.
- Frankel, A. (2009). Nurses' learning styles: Promoting better integration of theory into practice. *Nursing Times*, 105(2), 24-27.
- Malinski, V. (2011). Models and theories focused on human existence and universal energy. In J. Butts & K. Rich (Eds.), *Philosophies and theories for advanced nursing practice* (pp. 445-480). Sudbury, MA: Jones & Bartlett.
- Martha Roger's science of unitary human beings (2011). Retrieved June 15, 2011, from http://currentnursing.com/nursing_theory/unitary_human_beings.html
- Milliken, T., Clements, P., & Tillman, H. (2007). The impact of stress management on nurse productivity and retention. *Nursing Economics*, 25(4), 203-210.
- Moore, T., Ting, B., & Rossiter-Thornton, M. (2008). A pilot study of the experience of participating in a therapeutic touch practice group. *Journal of Holistic Nursing*, 26(3), 161-168.
- Nursing Theories (2011, October). Science of Unitary Human Beings. Retrieved November 21, 2011, from http://currentnursing.com/nursing_theory/unitary_human_beings.html
- Parker, M. (2006). *Nursing theories and nursing practice* (2nd ed.). Philadelphia, PA: F.A. Davis Company.
- Phillips, J. (2010). The universality of Rogers' science of unitary human beings. *Nursing Science Quarterly*, 23(1), 55-59.

- Raingruber, B., & Robinson, C. (2007). The effectiveness of Tai Chi, Yoga, Meditation, and Reiki healing sessions in promoting health and enhancing problem solving abilities of registered nurses. *Issues in Mental Health Nurses*, 28, 1141-1155.
- Rogers, M. (1970). *The introduction to the theoretical basis of nursing*. Philadelphia, PA: F.A. Davis Company.
- Shore, A. (2004). Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress. *Alternative Therapies*, 10(3), 42-48.
- Todaro-Franceschi, V. (2005). Clarifying the enigma of energy, philosophically speaking. *Nursing Science Quarterly*, 21(4), 285-290.
- Tounsel III, D., & Reising, D. (2005). Whether legislation can be helpful in reducing burnout among hospital nurses: A normative analysis. *Journal of Nursing Law*, 10(2), 89-95.
- Tourangeau, A., Cummings, G., Cranley, L., Ferron, E., & Harvey, S. (2010). Determinants of hospital nurse intention to remain employed: Broadening our understanding. *Journal of Advanced Nursing*, 66(1), 22-32.
- Vitale, A. (2009). Nurses' lived experience of Reiki for self-care. *Holistic Nursing Practice*, 23(3), 129-145.
- Warber, S., Cornelio, D., Straughn, J., & Kile, G. (2004). Biofield energy healing from the inside. *The Journal of Alternative and Complimentary Medicine*, 10(6), 1107-1113.
- Wardell, D., & Engebretson, J. (2001). Biological correlates of Reiki touch healing. *Journal of Advanced Nursing*, 33(4), 439-445.

Appendix A



Appendix B

Reiki Usui Shiki Ryoho

Eastern Lineage of Sensei Takeuchi
and Seiji Takamori

This is to certify that

LeAnn Olson

has completed

ALL THE TRAINING AND ATTUNEMENTS
FOR

REIKI II

Practitioner

In the USUI System of
Natural Healing



March 26, 2011
March 26, 2011
Mae Clayton
Mae Clayton, RMT

Appendix C

Assessment:

Perceived Stress Scale

These questions ask you about your feelings, thoughts and activities during the last month, including today.

In the last month, how often have you:

1. Been upset because of something that happened unexpectedly?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

2. Felt that you were unable to control important things in your life?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

3. Felt nervous and "stressed"?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

4. Felt confident about your ability to handle your personal problems?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

5. Felt that things were going your way?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

6. Found that you could not cope with all things you had to do?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

7. Been able to control irritations in your life?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

8. Felt that you were on top of things?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

9. Been angered because of things that happened that were out of your control?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

10. Felt difficulties were piling up so high that you could not overcome them?

Never 0 Almost Never 1 Sometimes 2 Fairly Often 3 Very Often 4

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